



Bringing Employees Answers Today

The County B•E•A•T

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Annual Enrollment Transfer Period for Employee Insurance: Oct. 1 - Nov. 1

The annual enrollment transfer period (AETP) for 2012 benefits will run from October 1 through November 1, 2011. The enrollment period allows members the opportunity to make changes to their insurance benefits, including adding dental and vision. During this time employees can also enroll in health insurance for themselves and/or eligible dependents if they did not join when initially eligible (a monthly late applicant fee will apply).

In addition, during the annual enrollment transfer period, members enrolled in the Standard PPO may switch to the Partnership PPO for 2012. Members enrolled in the Partnership PPO for 2011 that did not meet the requirements of the Partnership Promise are not eligible to continue in this option during 2012. Those members will still have coverage; however, they will be automatically switched to the Standard PPO.

To schedule an appointment to make changes to your insurance, call the Finance Office at 731.364.5429.



What is the ParTNers for Health Partnership Promise?

Members who enroll in the Partnership PPO must agree to the terms of the Partnership Promise each year. The 2011 Partnership Promise encouraged members to become more aware of their health by completing an online questionnaire to assess potential risk factors for disease and by having a health screening. The Partnership Promise for 2012 is still simple. Members and covered spouses must:

- Participate in health coaching if an opportunity to improve your health is identified by the Partners for Health wellness staff during 2012
- Keep address, phone number and email, if you have one, current with the Department of Finance

Members will not have to attend a screening or complete a health questionnaire in 2012. However, working with a health coach to establish goals to improve their health and reduce identified health risk behaviors is encouraged. If a member's information changes during the year, it is the member's responsibility to make sure that the Department of Finance has the correct information on record.

To remain eligible for the Partnership PPO in 2013, members and their covered spouses must fulfill the Partnership promise for 2012. Children do not have to meet the requirements of the Partnership Promise.



What Changes Can Be Made during the Insurance Transfer Period?

The annual enrollment transfer period allows members the opportunity to make the following insurance changes:

- Change health options — switch between the Partnership and Standard PPO** (see note below)
- Change health insurance carriers — select either BlueCross BlueShield of Tennessee or CIGNA
- Enroll in health insurance for yourself or your eligible dependents (plus a late applicant fee)
- Cancel health coverage

• Enroll in, cancel or transfer between dental options
** Members enrolled in the Standard PPO may switch to the Partnership PPO for 2012. If you enrolled in the Partnership PPO for 2011 and you or your spouse did not meet the requirements of the Partnership Promise, you are not eligible to continue in this option during 2012. You will still have coverage; however, you will be automatically switched to the Standard PPO.

The options you choose during the enrollment period will take effect on January 1, 2012, and remain in effect through December 31, 2012, unless you lose eligibility or have a qualifying event or family status change during the year.

A qualifying event or family status change is something that results in a covered person becoming newly eligible for other coverage. Examples include birth, a change in marital status and new employment. For information about qualifying events/ family status changes, or to schedule an appointment to make insurance changes contact the Finance Office: 731.364.5429.

Insurance Qs & As



Here are some common insurance FAQs :

Q: I've lost my insurance card- what do I do?

A: Contact your provider- they can issue temporary insurance cards, or you can order new ones.

Q: Can an employee drop a dependent from coverage in the middle of the plan year?

A: Coverage can only be dropped during the Annual Enrollment Transfer Period or if a member has a qualifying family status change.

Q: Can I only see a doctor in the west region?

A: No. You always have access to doctors nationwide.



Insurance Provider Changes for 2012

Although there is not a lot changing for 2012, there are a few new and enhanced benefits. These include:

- Reduced co-pay for convenience care or urgent care facility visits
- New, separate out-of-pocket co-pay maximum for primary and specialist office visits
- Decrease in health insurance deductible and out-of-pocket maximums for those enrolled in the Employee + Child(ren) premium tier in both health options
- Reduced late applicant fee
- New low-cost co-pays for certain drugs when obtaining a 90-day supply — including diabetic medications and supplies

For more information about these changes, visit http://www.partnersforhealthtn.gov/enrollment/benefit_changes.

Make Your Meal Healthier With These Simple Suggestions!



With the busy schedules we have now, finding time to cook seems like a big accomplishment! Turning the focus to replacing high caloric/fat in the diet with lower caloric substitutes will allow the family to eat well without feeling deprived. The table below has some great examples:

If the recipe needs...	Instead, choose...
1 cup oil (baking)	1/4 cup oil & 1/2 cup applesauce
1 cup whole milk	1 cup nonfat milk
1 cup sour cream	1 cup low/nonfat yogurt
1 cup cheddar cheese	1 cup low-fat cheddar cheese
8 oz. cream cheese	8 oz. light cream cheese
1 lb. ground beef	1 lb. ground turkey
6 oz. tuna in oil	6 oz. tuna in water
2 eggs	4 egg whites/ egg substitute
1 cup shortening/lard	3/4 cup canola/olive oil



\$5.00 Lunches: Thursdays in October

The Dresden Senior Center will be having fundraiser lunches throughout the month of October. September's lunches went very well, with menus featuring poppy seed chicken and rice, spaghetti lunch, and BLTs. They even deliver for groups! To get details, call the Dresden Senior Center at 731.364.5678.

Daylight Saving Time to End in November



Weakley County Daylight Saving Time will be here soon! This year the day to "fall back" an hour will be **2:00 a.m. on Sunday, November 6, 2011**. So remember to set back clocks one hour to get an extra hour of sleep!

One warning to those who have smart phones: If you use your smartphone as your alarm clock, consider switching the phone to manual time settings and adjusting the time yourself if you need to be up early on November 6. The iPhone has a bad history with DST. Owners of the Droid should also consider the manual method.

What are my Health Provider Options, Anyway?



Weakley County Employees have two health options. Both are Preferred Provider Organization (PPO) plans: **Partnership PPO** and **Standard PPO**.

In many ways, the Partnership PPO and Standard PPO are identical. They cover the same types of services, treatments and products. However, there's an important difference between the two options: If an employee chooses the Partnership PPO, the State will reward him/her with lower costs. However, individuals who select the Partnership PPO will have to commit to a Partnership Promise.

Here are a few features that apply to both the Partnership PPO and the Standard PPO:

• Annual Deductible

Both options include an annual deductible. This is the amount paid out of pocket before the plan pays for hospital charges and other services that require co-insurance. It does not apply to services with a co-pay.

• Co-insurance

Some services require co-insurance be paid after you meet a deductible. Co-insurance is a percentage of the total cost.

• Co-pays

Some services require individuals pay a co-pay. A co-pay is a flat dollar amount, like \$20 a visit.

• Out-of-Pocket Maximum

The out-of-pocket maximum is the most a member will pay for his/her deductible and co-insurance each year (not including co-pays). Once the out-of-pocket maximum is reached, the plan pays 100% of covered medical expenses.

• In-Network vs. Out-of-Network Providers

Members can see any doctor or go to any health care facility they choose. However, members choosing an "in-network" provider will always pay less. That's because an in-network provider agrees to provide services to members at discounted rates. Broad networks of doctors and hospitals will continue to be available.